

EXHIBIT E

019763 HEE

Americare Inc.
Home Health Aide Agreement "Live In" Case

I. I am employed by Americare Inc. and have been assigned to a live in case. For each 24 hour shift on this live in case I agree to the following :

- (1) I will be paid by the agency for 13 hours worked for the client.
- (2) I am being provided 8 hours of uninterrupted sleep time and will not be paid for this time by the agency.
- (3) I am being provided 3 one hour uninterrupted duty free meal times and will not be paid for this time by the agency.

II. For each 24 hour shift on this live in case, I agree to record my time and or report as follows :

- (1) I will record the start and end times of my 24 hour shift on the live in case and all tasks performed for the client using the Americare scheduling system.
- (2) I will immediately report to my Coordinator/Supervisor any change in the client's physical or mental condition.
- (3) I will report to my Coordinator /Supervisor immediately following each 24 hour shift if I was unable to receive 5 hours of uninterrupted sleep time, or unable to receive 3 hours uninterrupted meal time. I will also identify the actual work tasks I performed during my interrupted time and how much time I spend performing each work task.
- (4) I will report to my Coordinator/Supervisor immediately upon receipt of my paycheck for hours worked, if I believe I was paid improperly or not paid for all hours worked.
- (5) I agree that I will not accept any hours of work from the client or the client's family or household in addition to any shift I am assigned by the agency. I will not violate the Americare Live In Policy, a copy of which has been given to me.

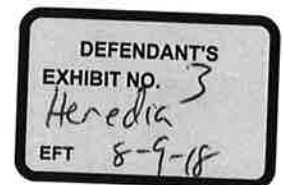
I understand, agree and will comply with this agreement and Americare's Live In Policy.

Signature Estherany H. Date 09/21/15

Print Name Estherany Heredia

Witness [Signature]

Home Health Aide Agreement – "Live In" Case
2015



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